

Time for Action



Idaho Council on Suicide Prevention

Kathie Garrett, Chair

Report to Governor C.L. "Butch" Otter

December 2010

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Idaho Council on Suicide Prevention

2010 Council Members

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Idaho Council on Suicide Prevention

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Kathie Garrett Chair

December 2010

The Honorable C.L. “Butch” Otter
Governor of Idaho
P.O. 83720
Boise, ID 83720

Dear Governor Otter:

The Idaho Council on Suicide Prevention would like to thank you for the opportunity to address the critical issue of death by suicide in Idaho. Suicide represents a major public health issue and has a devastating effect on Idaho’s families, schools, faith-based organizations, businesses and communities.

Increasing numbers of Idahoans, facing challenges in their lives, have lost hope and a sense of belonging and feel that they are a burden to others. Subsequently, they take their own lives. In 2009, 307 people completed suicide in Idaho: a 22% increase over 2008, and a 40% increase over 2007.

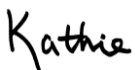
The tragedy of these deaths is that these lives lost to suicide may have been saved through increased awareness, education, and prevention and intervention strategies. Therefore, the Idaho Council on Suicide Prevention recommends three actions steps that Idaho should take to help address this crisis.

- Idaho should identify a lead State agency with the responsibility to coordinate Idaho’s suicide awareness and prevention activities.
- Idaho should establish a 24/7, toll-free suicide prevention hotline that is accredited and sustainable.
- Idaho should adopt an updated State Suicide Prevention Plan to guide Idahoans in suicide prevention activities.

Finally, suicide is a serious but preventable public health crisis that requires high profile recognition at the state level and a high priority on the State health agenda.

The Council is proud to be a part of Idaho’s efforts to address this critical issue. We believe that our efforts contribute to increased suicide awareness and prevention activities in Idaho. We hope that this report provides you with some valuable information. On behalf of the Idaho Council on Suicide Prevention, we present this report for your consideration.

Sincerely,



Kathie Garrett, Chairman
Idaho Council on Suicide Prevention



The Office of the Governor

**THE OFFICE OF THE GOVERNOR
EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE**

EXECUTIVE ORDER NO. 2010-12

**ESTABLISHING THE IDAHO COUNCIL ON SUICIDE PREVENTION
REPEALING AND REPLACING EXECUTIVE ORDER NO. 2006-35**

WHEREAS, Idaho is consistently among the states with the highest suicide rates. In 2007 Idaho had the 11th highest suicide rate, 28% higher than the national average; and

WHEREAS, Idaho's suicide rate is consistently higher than that of the United States as a whole; and

WHEREAS, Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14; and

WHEREAS, In 2009, 307 people completed suicide in Idaho; a 22% increase over 2008, and a 40% increase over 2007; and

WHEREAS, suicide is particularly devastating in the rural and frontier areas of Idaho where one suicide significantly impacts entire small communities for years, even generations; and

WHEREAS, suicide attempts cost Idaho \$36 million annually; and

WHEREAS, suicide completion in Idaho cost \$861,431 annually in medical care.

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by the authority vested in me under the Constitution and laws of this state do hereby establish the Idaho Council on Suicide Prevention.

I. The Council's responsibilities shall be:

- A. To oversee the implementation of the Idaho Suicide Prevention Plan;*
- B. To ensure the continued relevance of the Plan by evaluating implementation progress reports and developing changes and new priorities to update the Plan;*
- C. To be a proponent for suicide prevention in Idaho;*
- D. To prepare an annual report on Plan implementation for the Governor and Legislature.*

II. The Governor shall appoint all members of the Council. The Council shall include representatives from:

- A. a representative from the Office of the Governor*
- B. representatives from the Idaho State Legislature*

group

- C. a representative from the Department of Health and Welfare
- D. a representative from the Department of Education or School Districts
- E. a representative from juvenile justice
- F. a representative adult corrections
- G. a representative from SPAN Idaho
- H. a mental health professional
- I. a representative for The National Alliance for the Mentally Ill or other mental health advocacy
- J. Suicide survivors
- K. a representative from the Idaho Tribes
- L. a youth representative
- M. a representative from the Commission on Aging or aging services
- N. a military member, veteran or a representative from Veterans Affairs
- O. other members actively engaged in suicide prevention and awareness activities.

III. Council members shall:

- A. Serve for a term of three (3) years.
- B. The Governor shall appoint the Chair of the Council.
- C. The Council shall meet in person annually.
- D. The Council shall not exceed eighteen (18) members.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 27th day of September in the year of our Lord two thousand and ten and of the Independence of the United States of America the two hundred thirty-fifth and of the Statehood of Idaho the one hundred twentieth.

A handwritten signature in blue ink, reading "C.L. 'Butch' Otter".

C.L. "BUTCH" OTTER
GOVERNOR

A handwritten signature in black ink, reading "Ben Ysursa".

BEN YSURSA
SECRETARY OF STATE

Time for Action

What Needs to be Done?

Increasing numbers of Idahoans have lost hope and their sense of belonging, and feel that they are a burden to others, and subsequently take their own lives. In 2009, 307 people completed suicide in Idaho: a 22% increase over 2008, and a 40% increase over 2007.

The tragedy of these deaths is that these lives lost to suicide may have been saved through increased awareness, education, prevention and intervention strategies. Therefore, the Idaho Council on Suicide Prevention has recommended three action steps that Idaho should take to help address this crisis.

The Council recommends the following action steps:

1. Idaho should identify a lead State agency with the responsibility for Idaho's suicide prevention and intervention activities.

Suicide is a serious but preventable public health crisis that requires high profile recognition at the State level and a high priority on the state health agenda. Idaho currently does not have a State agency responsible for coordinating Idaho's suicide awareness, prevention and intervention activities. As a result, Idaho's suicide prevention activities are fragmented and have not been able to address our high rates of suicide.

The Idaho Council on Suicide Prevention endorses the concepts and recommendations put forth in the a technical report, written by the National Association of State Mental Health Program Directors entitled, **Suicide Prevention Efforts for Individuals with Serious Mental Illness: Role for the State Mental Health Authority, March 2008**. The report outlines the vital roles that the State Mental Health Authority (Division of Behavioral Health) and the State Health Authority (Division of Public Health) play in leadership with this critical issue. The Council believes that Idaho's Division of Behavioral Health and the Division of Public Health, both part of the Department of Health and Welfare, are uniquely qualified to take such a leadership role. The report recommends that:

- The State Mental Health Authority should ensure suicide prevention programs and practices are in place for persons with severe mental illnesses, working closely with other principals on the state suicide prevention advisory council.
- The State Mental Health Authority should lead efforts to define standards for practices and procedures across state funded service providers.
- The State Mental Health Authority should support and collaborate with other agencies to ensure key services are delivered in ways that reduce suicide risk in all individuals.
- The State Mental Health Authority should establish suicide prevention as a critical performance measure for the state mental health system.
- The State Mental Health Authority and the State Health Authority should lead efforts to improve collaboration and information sharing and surveillance between and among system of care for all persons.

We strongly believe that only when all critical pieces work together can Idaho address tragic deaths.

2. Idaho should establish a 24/7, toll-free suicide prevention hotline that is accredited and sustainable.

Idaho is the only state in the nation without a certified crisis hotline. In 2009, 3,633 Idahoans called the National Lifeline. Their calls were answered by the staff and volunteers of the Oregon crisis hotline.

Idaho entered into a contract with the Institute of Rural Health at Idaho State University to prepare a report identifying how a hotline could be established and maintained. The report concluded that the “formation of a suicide prevention hotline in Idaho represents an opportunity to effectively address the issue of suicide attempts and completions in the state.”

Since Idaho’s previous hotline closed in late 2006, the national Lifeline network of other states’ hotlines has been picking up calls from Idaho. Lifeline extends this professional courtesy to Idaho and, with assistance of the Portland, OR, hotline, provides call service to Idaho as of December, 2010. While willing to temporarily assist Idaho in this way, Idaho’s calls are a drain on the Portland and national Lifeline resources at the expense of other states.

A national study of Lifeline centers found that about 12% of callers spontaneously reported that their call to a hotline saved their lives (Gould et al., 2007). Current Lifeline figures indicate most of the calls from Idaho came from Ada, Canyon, Kootenai and Bannock counties. While not heavy users of Lifeline services, people living in rural areas have unique needs that a hotline can address. With cutbacks in mental health services in rural areas, a hotline may be the only mental health provider available in remote locations.

A change is needed to ensure Idaho covers costs associated with its own hotline and provides referrals and safety planning to Idaho callers. Follow up contacts can be made to Idaho callers to ensure they are keeping referrals and do not become suicidal again. Hotlines are uniquely suited to prevent individuals at risk of suicide from attempting or completing a suicide. The formation of a suicide prevention hotline in Idaho represents an opportunity to effectively address the issue of Idaho’s high suicide rate.

3. Idaho should adopt an updated State Suicide Prevention Plan that will guide Idahoans in suicide prevention activities.

Idaho’s first comprehensive suicide prevention plan was written in 2003 and recognized by the Idaho Legislature through a Concurrent Resolution in 2006. Idaho’s suicide prevention plan was developed to address the problem of suicide in Idaho. It was intended to be a guide for agencies, organizations and individuals to follow at state, regional, and local levels when developing their own specific action plans.

The Governor’s Executive Order creating the Idaho Council on Suicide Prevention charges the Council with ensuring “the continued relevance of the Plan.” In keeping with this charge, and in conjunction with the Institute of Rural Health at Idaho State University, the Council has undertaken the task of reviewing and rewriting Idaho’s State Plan. In July and August 2010, a group of 35 stakeholders from every region of the State met to share their vision of what Idaho’s new plan should be. In October 2010, the full Council met to review and expand on the efforts of the stakeholder group. This work included the establishment of an evaluation committee to develop measurable outcomes for the plan and review existing statewide suicide data collection. That review resulted in the recommendation that the Idaho Department of Health and Welfare routinely collect information on adult suicide attempts through the Behavior Risk Factor Surveillance System (BRFSS) and the Idaho Department of Education routinely collect information on youth suicide attempts through the Youth Risk Behavior Survey (YRBS).

Since the time of the full Council meeting, the Council Executive Committee has met, and continues to meet regularly, to synthesize the recommendations of both groups into workable, practical, culturally appropriate plan which includes measurable activities and is easy to implement at the local level. It is anticipated that the Plan will be completed mid-year 2011.



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

Suicide in Idaho: Fact Sheet July 2010

- Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. In 2007 (the most recent year available) Idaho had the 11th highest suicide rate, 28% higher than the national average.
- In 2009, 307 people completed suicide in Idaho; a 22% increase over 2008, and a 40% increase over 2007.
- In 2009, 77% of suicides were by men.
- In 2009, 58% of Idaho suicides involved a firearm. The national average = 50%.
- 14.2% of Idaho youth attending traditional high schools reported seriously considering suicide in 2009. 6.9% reported making at least one attempt.
- In 2007, there were 34,600 deaths by suicide in the United States, an average of 1 person every 15 minutes.
- In 2000, the suicides of those under 25 years of age in Idaho resulted in estimated direct costs of \$3.77 million, and lost earnings of \$81 million.
- Between 2005 and 2009, 74 Idaho school children (age 18 and under) died by suicide.

Idaho Suicides by Region – 2009

Region	City	Suicides	Rate (per 100,000)	Population	Tot. # suicides	
					2005-2009	<u>5-yr Avg Rate</u>
1	CDA	52	24.3*	213,662	268	25.7
2	Lew	19	18.2*	104,496	102	19.9
3	Nampa	43	17.1*	251,013	204	16.8
4	Boise	64	14.9-	429,647	344	16.4
5	Twin	49	27.2*	179,994	181	20.8
6	Pocatello	36	21.9*	164,526	157	19.6
7	Id Falls	44	21.7*	202,463	190	19.7

* increase from 2008, - decrease from 2008

Idaho Suicides by Age/Gender 2005-09

Over 5 year period

Age	Total	Male	Rate	Female	Rate
10-14	19	16	5.7	3	1.1
15-19	81	70	24.8	11	4.0
20-24	117	101	36.2	16	6.6
25-34	206	165	30.6	41	8.1
35-44	272	208	42.4	64	13.4
45-54	303	230	44.7	70	14.1
55-64	204	167	41.8	37	9.2
65-74	102	89	39.4	13	5.5
75-84	97	95	74.7	2	1.2
85+	45	40	89.2	5	6.4

Method 2005-09 (all ages)

Firearm	64.6%
Poisoning	16.9%
Suffocation	13.4%
Cut/Pierce	1.5%
Fall	1.4%
Other	2.3%

Idaho Suicide Rates 1998 – 2009

Year	Number	ID Rate	US Rate
1998	202	16.4	11.3
1999	180	14.4	10.7
2000	166	12.8	10.7
2001	213	16.1	10.7
2002	203	15.1	11.0
2003	218	16.0	10.8
2004	239	17.2	10.8
2005	225	15.7	10.7
2006	218	14.9	11.1
2007	220	14.7	11.5
2008	251	16.5	n/a
2009	307	19.3	n/a

Idaho Youth Risk Behavior Survey 2009 – High School Students

Grade	Depressed	Suicidal	Plan	Attempt	Medical Care For Attempt
9 th	27.3%*	12.7%-	12.2%-	5.9%-	1.8%-
10 th	29.5-	17.9-	14.6*	9.7	2.6-
11 th	30.2*	13.3-	14.3*	6.2-	1.6-
12 th	26.0-	12.3-	12.0-	5.5-	2.0*
Idaho Overall	28.3	14.2-	13.3*	6.9-	2.0-

* increase from 2007, - decrease from 2007

Idaho Suicide Rate By County

5-year average 2005-2009

(suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	297	15.9	Gem	20	24.2
Adams	4	22.6	Gooding	8	11.2
Bannock	72	18.0	Idaho	15	19.6
Bear Lake	9	30.7	Jefferson	20	17.5
Benewah	9	19.5	Jerome	23	22.9
Bingham	45	20.7	Kootenai	172	25.6
Blaine	22	20.4	Latah	32	17.6
Boise	12	31.7	Lemhi	16	41.5
Bonner	54	26.3	Lewis	5	27.9
Bonneville	112	23.2	Lincoln	5	22.2
Boundary	18	33.1	Madison	8	4.4
Butte	2	14.4	Minidoka	18	19.4
Camas	3	54.4	Nez Perce	44	22.6
Canyon	141	15.7	Oneida	3	14.6
Caribou	11	32.1	Owyhee	12	22.2
Cassia	12	11.5	Payette	20	16.7
Clark	1	22.1	Power	7	18.2
Clearwater	6	14.6	Shoshone	15	23.4
Custer	9	43.2	Teton	9	21.6
Elmore	25	17.3	Twin Falls	90	24.6
Franklin	10	16.4	Valley	10	22.4
Fremont	13	20.8	Washington	8	15.8
			Idaho (total)	1,446	19.3 (5-year average)

Sources: Idaho Bureau of Vital Records and Health Statistics
Idaho Department Health and Welfare
Center for Disease Control and Prevention
YRBS Idaho, 2009

Compiled by Kim Kane, Executive Director, SPAN Idaho (kkane@spanidaho.org)

Special Thanks to Katey Anderson, Senior Research Analyst, Bureau of Vital Records and Health Statistics

State Plan Goals 2010 Status Reports

What Was Done to Address the 2009 Recommendations?

INFRASTRUCTURE GOAL - 2010 STATUS REPORT

2009 Issue: Suicide is a serious, but preventable public health crisis that requires high profile recognition at the State level and a high priority on the State health agenda. In 2008, 251 people completed suicide in Idaho. In 2009, this number increased to 307 deaths; a 22% increase. Prevention of suicide should be treated with the same urgency as other critical public health issues.

2009 Recommendation: The Idaho Council on Suicide Prevention recommends that Idaho adopt a public health model of suicide prevention and that the Council, the Division of Behavioral Health and the Division of Public Health work together to develop these strategies.

2010 Status: The Idaho Council on Suicide Prevention joined with the Idaho State University Institute of Rural Health's *Awareness to Action Youth Suicide Prevention Project* (AAYSP) in revising and re-writing the *Idaho State Suicide Prevention Plan* based on a public health model. Two all-day meetings included representatives from both the Division of Behavioral Health and the Division of Public Health, and other State and private stakeholders. The group conducted a plan review, and established a framework and goals for a revised plan. The full Council met in October, 2010, to review and expand on the efforts of these stakeholders. As of December, the Council Executive Committee is compiling and organizing the input of these two groups into a comprehensive, concise plan to serve as user-friendly guide for Idahoans to carry out suicide prevention activities. The plan is anticipated to be complete by mid-year 2011.

Additionally, the Council worked closely with the Governor's Office to review, update and renew the Council's Executive Order for another four years.

Status Complete

AWARENESS GOALS – 2010 STATUS REPORT

2009 Issue 1: Hospital Emergency Departments (ED) are frequently utilized as a first response intervention and treatment site by individuals who have attempted suicide. Those individuals and their families often report stigmatizing experiences in the ED and no follow-up services.

2009 Recommendation 1: The Idaho Council on Suicide Prevention recommends the establishment of consistent evaluation and triage of suicidal risk and that to begin the process the Idaho Hospital Association, in collaboration with the Council, be encouraged to disseminate, and Emergency Departments implement, evaluation and triage guidelines. The Council further recommends that SPAN Idaho regional volunteers follow-up and support their local Emergency Departments in this endeavor.

2010 Status 1: Based on guidance provided by the group of stakeholders convened by the Idaho Council on Suicide Prevention in September 2009, SPAN Idaho compiled and added a document to the recommended evaluation and triage guidelines developed by the national Suicide Prevention Resource Center and the Emergency Nurses Association. The Idaho Hospital Association then distributed the supplemented guidelines to Idaho hospitals statewide. With support from the Awareness to Action Youth Suicide Project (AAYSP) at ISU's Institute of Rural Health, SPAN Idaho Regional Chapter volunteers followed-up with emergency department staff at all hospitals to ensure receipt of the guidelines, to provide the guidelines if necessary, and to offer support. Guidelines were distributed to 38 hospital emergency departments. On follow-up calls, 61% of Emergency Departments acknowledged receipt of these guidelines.

[Status Complete](#)

2009 Issue 2: Suicide is the second leading cause of death among Idaho's high schools students, and among our 10-14 year old male students, yet schools are often without quick access to the vital information necessary to properly assist students and staff in the aftermath of a death by suicide.

2009 Recommendation 2: The Idaho Council on Suicide Prevention recommends that the Idaho State Department of Education in collaboration with the Council and SPAN Idaho compile and post a step-by-step suicide postvention guide on its web site and instruct all Safe and Drug Free Schools coordinators in Idaho in its use, and that a mechanism for local follow-up as to the guide's use be explored.

2010 Status 2: The Schools and Suicide Workgroup, consisting of representatives from the State Department of Education (SDE), SPAN Idaho and AAYSP, met regularly in 2009 and 2010 to develop a suicide postvention document titled Idaho School Response Guidelines for Suicide and Sudden Death. In 2010, the Workgroup also developed similar guidelines for suicide prevention and intervention. In April and May 2010, roundtable meetings--spearheaded by the SDE and Department of Health and Welfare (IDHW) Division of Public Health and conducted by SPAN Idaho--were held in seven locations statewide. Meeting participants included personnel from local schools, law enforcement, IDHW Children's Mental Health and SPAN Idaho Regional Chapters. As part of these meetings, the school postvention, intervention and prevention guidelines were presented though two of the guideline documents were still in development at the time. All guidelines were finalized and posted on the SPAN Idaho web site and are accessible by link from the SDE home page as of July 2010. All three documents are short, concise and include embedded links to a variety of supporting example documents. In September 2010, SDE distributed the guidelines to 315 secondary school principals in Idaho. With support from AAYSP, SPAN Idaho Regional Chapter volunteers followed-up with all secondary principals to ensure their awareness of the guidelines, or to provide the guidelines if necessary and to offer support. Follow-up calls confirmed that 87% of principals were aware of the guidelines.

[Status Complete](#)

IMPLEMENTATION GOALS – 2010 STATUS REPORT

2009 Issue 1: The need for a universal telephone suicide prevention hotline is acute due to economic conditions, Idaho's status as a high risk state and the human and economic impacts of suicides and suicide attempts, yet Idaho is the only state without a nationally certified hotline.

2009 Recommendation 1: The Idaho Council on Suicide Prevention recommends the Council, the State of Idaho, private organizations and local government join together to establish and fund a suicide prevention hotline in Idaho.

2010 Status 1: Idaho continues to be the only state that does not have a nationally certified hotline while the State's suicide rate is consistently among the highest in the nation. Effectiveness of telephone hotlines has been demonstrated as a way to address suicide risk and other associated factors, including mental health and substance use problems that are frequently risk factors for suicide.

In 2009, the State entered into an agreement with Idaho State University's Institute of Rural Health to develop a toolkit to guide development of an Idaho suicide prevention hotline. Findings of the Hotline Options Report include recommendations on:

- Operator training – Training must be comprehensive to ensure operators are competent to handle high risk calls and so that no harm is experienced by the caller.
- Accreditation and Certification – Adhering to national standards of peer review and accreditation achieves a number of objectives, including limitation of liability for an Idaho hotline and quality assurances that funders require. In addition, once certified as a Lifeline hotline, an Idaho call center would join the network of national systems, allowing for back-up operators if the Idaho hotline were over capacity at any time. Lifeline membership includes access to funding.
- Funding – A national survey of hotline directors found that most receive funding from dedicated government sources.
- Policies – A state hotline needs clear and detailed policies and procedures to ensure operators understand their roles and responsibilities. By following policies, hotlines significantly limit liability on behalf of operators and callers.
- Call Volume – The actual call volume to an Idaho hotline cannot be determined at this time. In 2009, calls to the Lifeline from Idaho exceeded 3,600. Numbers are rising significantly due to the national recession and may vary depending on the level of marketing in state.
- Configurations – Various configurations can be explored for establishing a hotline. Configuration options discussed include combinations with a 2-1-1 information and referral system or with 9-1-1, hospital or other health care organization; community/regional health or social service organization; university involvement; and/or purview of a freestanding nonprofit organization. Costs depend on the configuration, hours of operation and the mix of volunteers and staff.

Various options for housing a hotline are being pursued as of December 2010. Sustainability was an issue examined by the Council to ensure a new hotline would exist into the future as a life-saving tool. It is expected a hotline would operate a toll-free phone number, 24/7 with paid and/or volunteer operators.

For more information, access the full report at: http://isu.edu/irh/projects/suicide_hotline/.

Status Ongoing

2009 Issue 2: Major primary care organizations have reached a consensus regarding the desirability and the feasibility of a medical home [White KL, Williams TF, Greenberg BG]. These Patient-Centered Medical Homes include a “whole person” approach to treatment, yet medical homes frequently do not include mental health care or suicide screening.

2009 Recommendation 2: The Idaho Council on Suicide Prevention recommends that it work with the Primary Care Association to provide materials and assistance with trainings for emerging medical home clinic/hospital staff, as indicated by the Primary Care Association.

2010 Status 2: Discussions have been held with Primary Care Association and the Academy of Family Physicians.

Status Ongoing

METHODOLOGY GOAL – 2010 STATUS REPORT

2009 Issue: Gathering and evaluating data are critical to planning and measuring the effectiveness of suicide prevention programs and interventions. Idaho continues to develop the capacity towards a systematic and repeated method of monitoring suicide-related attitudes, intention and behaviors.

2009 Recommendation: The Idaho Council on Suicide Prevention recommends: 1) That the Idaho Association of Coroners continue to work with CDC in crafting improved and standardized reporting forms, and take webinar training from the CDC on their use, 2) That the Idaho Hospital Association be encouraged to provide aggregate data concerning admissions and outcomes for self-inflicted injuries. 3) That Bureau of Vital Records and Health Statistics data be cross-tabulated for historical trend analysis, and 4) That current suicide prevention training data be finalized and reported to the Council, the Department of Education, SPAN Idaho, and other stakeholders

2010 Status: By addressing the issues stated, Idaho would expect to see that regularly-collected data are available to guide suicide prevention-related decision making. While this expectation is not completely a reality in Idaho, it is being realized. Idaho continues to work toward a consistent, centralized and accessible baseline of annual attempted suicides with data collection through the Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Surveillance Survey (BRFSS). Routine data are collected on youth, grades 9 through 12, via the YRBS on suicide attempts. Sporadic data are collected in the BRFSS for Idaho adults 18 years and older on suicide attempts. While data exist for completed suicides in Idaho through death certificate data, it is still believed that suicide deaths are underreported by coroners by up to one third (Centers for Disease Control and Prevention). Emergency Department data are not comprehensively available from hospitals in Idaho. Suicide is not a “reportable condition” in Idaho and is not required to be collected.

Despite limitations in the availability of data, the existing data is currently utilized to characterize suicide in Idaho. The Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics developed both a suicide attempt burden document based on 2004 BRFSS data and the “Suicide: A Comprehensive Look at Idaho Suicide Deaths, 2004-2008” burden document.

Benchmark Research & Safety, Inc., under contract with the Idaho Department of Health and Welfare, Division of Behavioral Health, maintains the Idaho Suicide Prevention Research Project, a website containing information, research and data on suicide (<http://idahosuicide.info>). Benchmark also provides administrative support to the Idaho Suicide Prevention Council.

Additionally, the Idaho Council on Suicide Prevention members and Bureau of Vital Records and Health Statistics staff presented suicide-related topics at the Idaho Association of Coroners Conference in September, 2010. The topics included an overview of suicide in Idaho, cultural competency, survivor/family issues, technical reporting of vital records, self-assessments and other related topics. The presentations were well received by the coroners with a general commitment by the coroners to be more sensitive to, and informative about the numbers and circumstances of completed suicides. The coroners generally acknowledged their role in suicide prevention, intervention and postvention in communities after a suicide has occurred.

Lastly, available Idaho data and what is known about suicide nationally, have guided and informed the directions that suicide prevention, intervention and postvention activities have taken and have also been utilized in the revision of the *Idaho Suicide Prevention Plan*.

Status Ongoing

Addenda

What Have Other Stakeholder Organizations Accomplished?



ACCOMPLISHMENTS AND CURRENT ACTIVITIES

November 2010

SPAN IDAHO - BRIEF TIMELINE

- In the mid-1990's to 2001, the Idaho Adolescent Suicide Prevention Task Force conducted research and was recognized by the US Surgeon General
- In 2001, the Task Force held First Annual Conference at BSU
- In July 2002, incorporated SPAN Idaho as a 501 (c)(3) non-profit organization and became the first state affiliate of the national SPAN USA
- In 2002-2003, provided the impetus for development of Idaho's Suicide Prevention Plan
- In 2004, secured contract with Department of Health and Welfare to conduct specific activities
- Began forming Regional Idaho Chapters in 2004
- In 2005 and 2006, provided the impetus for establishing and support for the activities of the Idaho Council on Suicide Prevention
- In 2006, produced and distributed Suicide Prevention Tool Kit
- In 2007, developed and conducted statewide clergy trainings
- In 2001 – 2010, held ten annual suicide prevention conferences
- In 2009, established new regional chapters in regions 3, 4 and 6 resulting in SPAN Chapters in all 7 Health and Welfare regions of the state.
- In 2009-2010, planned and presented the 10th annual Suicide Prevention Conference, September, 2010, in Boise
- In 2010, developed and conducted activities in cooperation with the Idaho Council on Suicide Prevention, the Idaho Hospital Association, Idaho Coroners Association, Idaho State Department of Education (SDE), and the Awareness to Action Youth Suicide Prevention Program at Idaho State University's Institute of Rural Health.

CURRENT AND ONGOING ACTIVITIES

ACTS AS A SUICIDE PREVENTION RESOURCE CLEARINGHOUSE

- Provides information and technical assistance including establishing and maintaining a highly evolved list of target audience sub-groups; reviewing, screening and determining relevance to target groups for approximately 100 articles/research studies per month; distributing approximately 50 articles per month; and responding to 10 – 15 research requests per month
- Stocks a loaning library which includes books, journals, DVDs, and videos, and researches and compiles reading lists

ACTS AS A SUICIDE PREVENTION INFORMATION CONDUIT

- Engages in ongoing communication and information flow to and from national organizations including the Suicide Prevention Resource Center, SPAN USA, National Suicide Prevention LifeLine, the American Association of Suicidology and the American Foundation for Suicide Prevention
- Provides information to and from other states' suicide prevention stakeholders
- Engages in outreach to other state organizations including 211 CareLine, the Commission on Aging, RADAR, the Veterans Administration, Safe and Drug Free Schools, and many others.

PROVIDES EDUCATION AND TRAINING

- Conducted annual statewide conferences for the last ten years at which approximately 2,100 participants have been trained in suicide prevention skills. The 2009 conferences were held in Twin Falls in April and in Idaho Falls in October and the 2010 statewide conference was in Boise. These conferences hosted nationally recognized experts.
- Provided statewide clergy trainings in 2007 through funding provided by the Youth Suicide Prevention Project at Idaho State University. These trainings were conducted in CDA, Lewiston, Fruitland, McCall, Boise, Twin Falls, Pocatello and Idaho Falls, and trained 200 participants representing 51 Idaho towns.
- In 2009, presented information on the clergy trainings to suicide prevention professionals from around the US at the invitation of the national Suicide Prevention Resource Center

- In 2010, all SPAN Regional Chapters carried out specific planned education and awareness activities including media spots, memorial walks, wide-range information distribution and other initiatives.
- Planned and presented the statewide 2010 Annual Suicide Prevention Conference in Boise.
- In 2010, compiled and disseminated emergency room protocols for suicidal patients with assistance from the Idaho Hospital Association and support from AAYSP at ISU. Each SPAN Region conducted follow up calls.
- Organized and conducted statewide suicide prevention round-table meetings among schools, IDHW, law enforcement and SPAN in Regions 1-7 with support from the State Department of Education (SDE) in 2010.
- Produced prevention, intervention, and postvention documents for schools. The documents were published on SPAN Idaho Web sites with a link directly from the SDE Web site. The documents were also distributed to all secondary principals by SDE and SPAN Regions followed up with phone calls in 2010.
- In 2010, SPAN Idaho staff and volunteers provided prevention and postvention trainings and support to many schools, agencies and community groups statewide.

PROVIDES SUPPORT TO THE IDAHO SUICIDE PREVENTION COUNCIL

- In 2009, initiated the formation of and facilitated a committee to address uniform school guidelines for handling suicide postvention which then became an initiative of the Council
- From 2009 and currently, actively participate in the Council as members and Committee Chairpersons
- Assisted writing and compiling the 2007, 2008 and 2009 Annual Reports to the Governor and Legislature
- Provides research and other information to the Council Chairperson and members

DEVELOPS RESOURCE MATERIALS

- Developed and distributed Survivor Support packets in the Idaho Falls area
- Developed and distributed Youth Suicide Prevention brochures in the Twin Falls area
- Developed and distributed “In the Aftermath of Suicide: Post-vention as Prevention” curriculum in 2008
- Updated Suicide Prevention Tool Kit including a resource guide, guide to best practices, warning signs, and anti-stigma page, among many other elements in 2008
- Updated new SPAN Idaho Web site which includes updated pages for the tool kit, survivor support, warning signs, protective and risk factors, Idaho suicide facts, conference information, important links to other suicide prevention sites and regional chapter pages among other elements
- In 2010, compiled Suicide Survivor Support Packet for coroners and funeral homes to give to grieving survivors.

CONDUCTS AWARENESS ACTIVITIES

- In 2010, conducted 3 suicide awareness and prevention Save the One Memorial Walks in Coeur d’Alene, Twin Falls, and Idaho Falls
- In collaboration with the newly formed Protect Idaho Kids Foundation, developed and aired youth suicide prevention TV spots on a variety of networks statewide in 2010.
- Other awareness activities include annual conferences, providing information to media, giving radio interviews, posting billboards, distributing brochures, acquiring radio time for PSAs and other activities most of which are conducted through the regional chapters.
- Distributes materials to the general public at community events
- Currently engaging funeral home personnel in optional ways to help suicide survivors

CONDUCTS ADVOCACY ACTIVITIES

- Provides information to state legislators preparing related legislation
- Provides information on suicide prevention priorities to congressional members annually
- Provides information at state legislative hearings

PROVIDES OTHER SUPPORT

Responds to calls and provides support to suicide survivors and those at risk and includes responding to sensitive inquiries and “near-crisis” calls with compassion and appropriate information, referrals and resources.

- Recruits and provides guidance and training to volunteers
- Provides research and training for organizations and individuals
- Supplies trained speakers for suicide prevention-related community events upon request
- Provides mentorship to students’ individual projects for their schools

Awareness to Action Youth Suicide Prevention Project Idaho State University's Institute of Rural Health

The federally funded Awareness to Action Youth Suicide Prevention Project (AAYSP) aims to reduce suicide attempts and completions among Idaho's 10-24 year olds regardless of ethnic or racial heritage through gatekeeper training, community collaboration, dissemination of evidence-informed materials, efforts to encourage sustainability, and development of a toolkit for establishing a suicide prevention Hotline in Idaho. The following is a summary of federally funded activities from September 30, 2009 to October 1, 2010.

Training: ISU-IRH completed numerous gatekeeper trainings during this period, reaching a variety of professionals, including child welfare workers, mental health professionals, school faculty and staff, members of the clergy, first responders, child care workers, juvenile justice personnel, Native Americans, Hispanics, foster parents, parents/grandparents, college programs for Veterans, nursing students, and students who are the first in their families to attend college. The training is based on the nationally recognized Better Today's/Better Tomorrow's curriculum developed in Idaho. Trainings are offered regionally each year and additional presentations are provided to groups at their request. To host a training, contact ISU-IRH at preventsuicide@isu.edu.

Community Collaboration: One of the most notable accomplishments was collaboration with the Idaho Council on Suicide Prevention to prepare an updated Suicide Prevention Plan for the state. The current plan, developed in 2003, is out of date and most of the goals have been accomplished. ISU-IRH is facilitating completion of a new plan.

ISU-IRH also collaborated with a variety of stakeholder groups to boost capacity for individuals and organizations to reduce Idaho's high suicide rate. A contract with the Suicide Prevention Action Network-Idaho involved dissemination of suicide intervention strategies for hospital Emergency Departments and Idaho School Districts. An agreement with the Idaho Federation of Families for Children's Mental Health involved parents in a training on advocacy. Outreach to groups focusing on sexual orientation also was conducted as specified by the funder. Representatives from the Idaho Commission on Hispanic Affairs, the Idaho Department of Health and Welfare, the Chair of the Idaho Council on Suicide Prevention and a local SPAN chapter were included in national training opportunities.

Dissemination of Evidence-Informed Materials: ISU-IRH distributed Signs of Suicide (SOS) kits to Idaho school districts to provide in-classroom activities on suicide prevention to middle/junior high students. Through dissemination of suicide prevention toolkits, both in hard copy and online, ISU-IRH provided access to national information from the National Institute of Mental Health and other reputable organizations.

Sustainability: A major focus of the ISU-IRH project is to build local capacity to ensure suicide prevention activities for the long term. Accordingly, representatives of each region were trained to be Question, Persuade, Refer (QPR) trainers and are eligible to offer suicide prevention programs to the public in the years to come. ISU-IRH also offered three Awareness to Action Academies to further sustainability. These included a one-day seminar at the SPAN Conference to build advocacy skills, a multi-part online training in the use of social marketing to change attitudes and behaviors, and a webinar for professionals on suicide risk assessment. Academies on the three topics will be offered in each year of the grant. An Awareness Guide was designed for Colleges and Universities and distributed on CD to all public and private colleges and universities throughout the state to assist in suicide risk assessment.

Idaho Suicide Prevention Hotline: Through a contract with the state and support from AAYSP, ISU-IRH prepared a Hotline Options report to provide a toolkit to facilitate creation of a suicide prevention hotline in Idaho. A hotline is a 24/7 toll-free telephone line staffed by operators who are trained to assist callers at risk of suicide. To view the report, visit www.isu.edu/irh/projects/suicide_hotline.

For more information about the AAYSP project at ISU-IRH, email preventsuicide@isu.edu or telephone Lynda Bennett, Grant Project Coordinator, 208-373-1768.



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**State Department of Education
Safe and Drug Free Schools Program
Suicide Prevention / Healthy School Climate Supports
2009/2010**

The State Department of Education (SDE) Safe and Drug Free Schools Program (SDFS) provides funding and technical assistance to Idaho schools to prevent violence, delinquency and substance abuse. While there are many strategies to create healthy school climates implemented throughout Idaho, this brief details those that directly relate to the prevention of suicide.

Student Assistance Programs (SAP) are a school-based prevention and early intervention systems designed to foster student success and healthy development by addressing academic, social-emotional and behavioral health issues. Most programs are operated by a Student Assistance Team (SAT) that has representation from the key stakeholders within the school including administrators, teachers, guidance counselors and when possible, psychologists, social workers and nurses.

Students who are demonstrating “behaviors of concern” are referred by themselves, peers, staff, parents and others to teams that work with the student, the student’s family, faculty, staff and/or outside service providers to develop a plan to ensure student success.

SAP groups cover a variety of topics included but not limited to the following:

Anger management	Physically and sexually abuse
Blended families	Recovery/sobriety
Children of divorce	Relationships
Communication	School leadership
Drug users	Self-esteem
Eating disorders	Suicide
Grief	Teen parenting
Abusive behavior	Transition (moving/drop-out)
New students	

During the 2009-2010 school year 49,265 students in 34 school districts participated in SAP groups.

Professional Development- the SDFS statewide advisory board professional identifies development opportunities for school personnel related to risk behavior data and specific areas of concern expressed by school districts. Trainings are provided throughout the year in every region of the state. During the 2009-2010 school year the following trainings were provided.

Kindness Campaigns nurture a school and community climate where students can:

- Feel safe at school
- Form stronger school bonds and affiliations
- Decrease disruptive and disrespectful student behaviors
- Support increased academic proficiencies
- Increase parent and community support of schools and student health, behavior and learning+

Ten schools participated throughout the state impacting 2,753 students directly.

Dr. Peter Wollheim is contracted through The Safe and Drug Free Schools Program to provide classroom based suicide prevention education. He also provides post-suicide assistance to schools struggling with the aftermath of a completed suicide. In the 2009 / 2010 school year, Dr. Wollheim provided suicide based services to 25 schools throughout the state, impacting approximately 1,311 students.

Local Capacity Building- The Safe and Drug Free Schools program administered roundtable discussions in each educational region of the state which included local stakeholders and first responders to suicide. The roundtables included the sharing of statewide suicide data, best practice suicide response protocol and involved local planning around increasing the effectiveness of response capabilities.

Surveillance- The Substance Use, Safety and School Climate survey and the Youth Risk Behavior (YRBS) survey are administered bi-annually in alternating years by the SDE. The Substance Use, Safety and School Climate survey captures student reported data on risk behaviors and school safety. There were 15,200 students surveyed statewide in the fall of 2008. The YRBS captures student reported data on intentional and unintentional injuries, sexual behaviors that can result in HIV infection, other sexually transmitted diseases and unintended pregnancies; dietary behaviors, physical activity and suicidal tendencies. The 2009 YRBS survey was completed by 2154 students in 53 public high schools.

Benchmark Research & Safety, Inc.

The mission of the Benchmark Research and Safety, Inc, and IDHW's Idaho Suicide Prevention Research Project is to support the professionals, volunteers and organizations in Idaho working to reduce the frequency of suicides and the impact on survivors and communities. Our purpose is to gather and display Idaho-specific, user-accessible data about the prevalence and circumstances of suicide, report on current research and modern evidence-based suicide prevention screening programs and interventions. Benchmark coordinates with and provides support to the Idaho Council on Suicide Prevention.

All Idaho Suicide Prevention Research Project data and reports are available at www.IdahoSuicide.info.

- Idaho Suicide Data & Research presents Idaho-specific data for four special at-risk populations in Idaho. The website presents actual Idaho suicide data on each population, such as incidence, race, place of injury, mechanism of death, etc., as well as risk and protective factor data for each special population. The four special populations are teen males, Native American males, working age males, and elderly males.
- Suicide Prevention Programs presents in-depth reviews of currently recognized suicide prevention programs listed by SPRC and NREPP. Each review examines the theory underlying the prevention program, the population targeted, costs, and recommendations on implementing the program in Idaho. Evidence-based programs described cover adolescent and school, emergency room, geriatric and military suicide prevention programs. Several current post-attempt interventions are also described. New evidence-based suicide prevention programs will be added to IdahoSuicide.Info as they become available. The prevention program reviews may be viewed here.
- The Suicide Prevention Reports webpage presents research-based reports on each of the special populations, as well as extensive research bibliographies. The special populations designated by IDHW were teen males ages 15-17, Native American males ages 15-24, working age males ages 18-64 and elderly males 75 years and older. The reports provide a good overview of the research literature on each population, while the research bibliographies present a wide array of related work in the research literature. In addition to the special populations, a special report on Suicide in Farmers and a presentation on Suicide and Economic Crises from the SPAN Idaho 2010 Suicide Prevention conference are available.
- Current News and the Calendar give people working in Idaho's suicide prevention community a place to post news items and upcoming events. We invite Idahoans concerned with suicide prevention to use these two resources to publicize trainings, conferences, meetings and other events of interest to others.